



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600001

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LACH INC.

DOING BUSINESS AS POLISH GUARDS

ADDRESS 41 BRANDON RD.

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: LACH, TERESA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD BLDG WITH KITCHEN FACILITIES AND STORAGE DOWNSTAIRS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600007

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POLISH NATIONAL ALLIANCE OF DUDLEY INC., THE
DOING BUSINESS A

ADDRESS WEST MAIN ST

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: POLLETTA,
VINCENT

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK BLDG ON WEST MAIN ST WITH STORAGE AND KITCHEN FACILITIES
IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600010

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COACHES CORNER INC.

DOING BUSINESS AS COACHES CORNER

ADDRESS 39 OXFORD AVENUE

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: PARANTO,
ANTHONY R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS ON FIRST FLOOR OF BUILDING WITH A KITCHEN LOCATED ON THE REAR
AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600011

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHARLES PAPPAS

DOING BUSINESS AS DUDLEY PARK N SHOP

ADDRESS AIRPORT RD

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: PAPPAS, CHARLETYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH A STORE IN FRONT AND STORAGE IN BACK ROOM

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600012

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEST MAIN LIQUORS, INC.

DOING BUSINESS AS WEST MAIN LIQUORS

ADDRESS 212 WEST MAIN ST

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: COOPER, ELAINE TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2200 SQ FT STORE AT DUDLEY PLAZA

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600014

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROSEMARY FLYNN

DOING BUSINESS AS FLYNN'S WINE & SPIRITS

ADDRESS 81 SCHOFIELD AVE.

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: FLYNN,
ROSEMARY

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOODEN BLDG FIRST FLOOR CONTAINS 4 ROOMS, TWO IN FRONT USED FOR SALES ROOM, 2 IN REAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600016

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OM SHIV CORPORATION

DOING BUSINESS AS Patriot Gas

ADDRESS 251 WEST MAIN ST

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: PATEL, KRISHNA I.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH STORE IN FRONT AND STORAGE IN REAR

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 029600017

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TONG V. HUNYNH, MINH, THOI & LUC NGUYEN

DOING BUSINESS AS KWIK STOPS

ADDRESS 55 SCHOFIELD AVE.

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. LOCATED AT 55 SCHOFIELD STREET.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600018

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NIESKI INCORPORATED

DOING BUSINESS AS MARTY'S OF DUDLEY

ADDRESS 119 WEST MAIN ST

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: STRAW,
SAMANTHA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM IN A ONE STORY BRICK BLDG. FRONT OF ROOM USED AS A STORE AND REAR FOR STORAGE. BLDG IS 14,770 SQ. FT. WITH 9 MEANS OF EGRESS. IT IS SITUATED ALL ON 1 FLR CONTAINING FIVE RMS.

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TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600020

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEBSTER-DUDLEY COUNTRY CLUB, INC.

DOING BUSINESS AS DUDLEY HILL GOLF CLUB

ADDRESS 80 AIRPORT RD

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: Siekierski, James

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING AND ADJOINING GROUNDS ON CORNER OF AIRPORT RD AND
DUDLEY HILL RD

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600021

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DUDLEY HOUSE OF PIZZA, INC.

DOING BUSINESS AS DUDLEY HOUSE OF PIZZA

ADDRESS 206 WEST MAIN STREET

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: MANTALVANOS, TYPE OF LICENSE: Restaurant
WILLIAM

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING IN A MINI MALL...THREE EXITS...TWO FACING WEST MAIN STREET AND ONE IN REAR OF BUILDING

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600023

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J & S BLUE, INC

DOING BUSINESS AS SINNIS PUB

ADDRESS 6 CHASE AVENUE

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: SINNI, JEFFREY E. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

16X 25.2 DECK WITH FRENCH DOORS ENTERING EXITING BUILDING ONE STORY BLDG. WITH 11 ROOMS AND BASEMENT, LOFT AREA INCLUDED. THREE ENTRANCES AND EXITS ONE ON CHASE AVE AND TWO ON THE SEDE OF THE BUILDING LOCATED AT 6 CHASE AVE.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600024

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DUDLEY D+C INC

DOING BUSINESS A 21 WEST

ADDRESS 21 WEST MAIN ST.

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01570

MANAGER: DUCHARME,
SHAUNE M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600026

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAYMINI CORPORATION

DOING BUSINESS A STATE LINE FARMS

ADDRESS 59 SCHOFIELD AVE.

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: PATEL, VANITA J. TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY METAL BUILDING WITH STORE FRONT AND STORAGE IN REAR

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600028

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Eighty Ates Bar & Grill, Inc

DOING BUSINESS AS

ADDRESS 8 Airport Rd

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01570

MANAGER: Dirffenwierth, Trevor

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT 1700SQ FT DINING ROOM AND LOUNGE AND 1000 SQ. FT KITCHEN ALSO
21'x40 outside seating area located at the rear of the restaurant surrounded by a stockade fence with
entrance & egress through the restaurant

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600029

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Qshore, Inc

DOING BUSINESS AS Gaslight Café

ADDRESS 59 Schofield AVE.

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01570

MANAGER: Alward, Susan M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2400 SQ FT...400 SQ FT OF BAR SPACE...EXIT DOORS..FRONT AND BACK

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600030

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BIG AL'S PIZZA PLUS INC.

DOING BUSINESS AS

ADDRESS 23 BRANDON ROAD

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01570

MANAGER: OZGOPOYAN,
ALEX

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SQ. FT. STORE FRONT, 2ND & 3RD FLOORS ARE RESIDENTIAL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600031

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOLDRE INC.

DOING BUSINESS AS DRAFTER'S

ADDRESS 35 CHASE AVENUE

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: KISTNER,
CRYSTAL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A PORTION OF THE BLDG KNOWN AS 35 CHASE AVE. LOCATED ON THE SOUTH END. 1062 S. F. WITH A KITCHEN AND BAR AREA. TWO ENTRANCES/EXITS. ALTERATION OF PREMISES INCLUDES AN INCREASE IN SQ. FOOTAGE TO 12,243.50 WHICH WILL INCLUDE THE ARCADE, BOWLING, BILLIARDS, MINIATURE GOLF AND PARTY ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600033

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAURIE C. SULLIVAN

DOING BUSINESS AS SULLY'S DOG SHACK

ADDRESS 184 WEST MAIN STREET

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: SULLIVAN, LAURI TYPE OF LICENSE: Restaurant
E C.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO EXITS LOCATED IN FRONT OF PROPERTY...TWO EXITS AT BACK OF PROPERTY...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600034

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HW RESTAURANT, INC

DOING BUSINESS AS

ADDRESS 398 WEST MAIN STREET

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: WANG, DAVID

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 3,000 SQ. FT. BLDG. ON OVER TWO ACRE LOT. FRONT AND REAR ENTRANCES,
SEPARATE KITCHEN AREA, SERVICE AREA, TWO BATHROOMS AND STORAGE AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 029600035

CITY OR TOWN DUDLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEOONI'S PIZZARIA, INC

DOING BUSINESS AS LEONI'S BRICK OVEN PIZZERIA

ADDRESS 59 SCHOFIELD AVE

CITY/TOWN: DUDLEY

STATE: MA

ZIP CODE: 01571

MANAGER: PATEL, SMIRAL

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING 2400 SQ.FT. WITH TWO BATHROOMS, A FRONT ENTRANCE AND A
BACK EGRESS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: